

Executive Committee  
Activate Omaha Kids  
Friday, September 28, 2007  
Breakfast with Dr. Dietz

Members Present: Lori Swirzinski, Jennifer White, Cristina Fernandez, David Finken, Kerri Peterson, Adi Pour, Magda Peck, Marty Shukert, Mary Balluff and David Filipi  
Invited Guests: Bill Dietz, Sandra Hassink and Beth Llewellyn  
Staff Present: Mikki Frost, Molly O'Dell and Diane Roberts

The meeting with Drs. Dietz and Hassink was an informal discussion of the work of our Activate Omaha Kids collaborative and their insights into the work of reducing childhood obesity on a national level.

- Dr. Dietz suggested that a social movement is necessary to initiate change. Grass roots involvement is necessary. Currently only the “elite informed” are engaged. Examples of grass root efforts on a large scale would be the civil rights movement and an example of involvement on a smaller scale would be MADD.
- What is needed is the creation of the “perception of a threat”. Right now childhood obesity is not “my problem.” Dr. Dietz pointed out that there is a linear relationship between cost (risk or dollars) and change. Until smoking was linked with cancer, there was very little interest in reducing smoking. There are/will be lifetime costs of childhood overweight.
- Childhood obesity will not be solved at the national level; it will be up to the community level.
- To develop political will, align yourself with other successful child advocacy coalitions. Learn from them. Get to know your legislators.
- Dr. Hassink pointed out that the discussion should be around healthy eating and physical activity vs. the concept of obesity. There has been created a lot of neuroses about obesity, especially among the underserved populations. We talked about the oppression/depression/obesity cycle. The program Latinas in Action was mentioned as being a program that has reduced isolation and increased self esteem among the women who participate.
- Dr. Dietz pointed out that just targeting kids will NOT eliminate adult obesity.
- As the environment changes, so does behavior change. An interesting research question is: what is the cost of intervention and treatment vs. prevention in an adverse environment? Social service approach vs. environmental approach.
- Of the 28 states where the CDC is funding obesity prevention programs, 7 are actually experiencing success.
- Since the problem is so prevalent, we must do prevention and treatment at the same time.
- How do we build the status that physical activity is “cool?”
- There are issues of safety and security (or perceived issues of safety) that need to be resolved. Two programs that have experienced success are Harvard Play across Boston and another in Flint, Michigan where foreclosed abandoned properties were turned into community gardens
- Dr. Hassink said that when physicians ask patients to change behavior, they need to provide the information on “how to” change.

- Dr. Dietz recommended that:
  1. At some point we need to stop planning and implement. Get planning done - decide – do something – evaluate – go forward. We cannot wait for “evidence based” practice.
    - We will need to develop local surveillance.
    - There is an opportunity for interventions in schools with school wellness policies that are mandated by federal funding.
    - A spokesperson will be needed to “make the case” and as a media contact point.
    - A communications plan will be needed to strategically align our message with that of other initiatives, i.e. Healthy Omaha and Activate Omaha
  2. Use anecdotal information to demonstrate success – capitalize on the serendipity – what actually constitutes adequate evidence of success?
    - Hannaford Brothers Grocery Stores in Maine now labels many products according to their nutritional value – *Guiding Stars*, Nutritional shopping made easy
    - New York City regulated childcare: nutrition (4 items) and physical activity (2 items) and has experienced success.
  3. Discover – Dream – Design – Deliver
  4. RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) the capacity for evaluation in some underserved populations is worth developing.
- Sharing information is the cornerstone of moving from a coalition to a team
- The “perfect” is always the enemy of the “good”
- There will be new medical recommendations coming out in December in the journal, Pediatrics
- The CDC will be developing common measures for obesity and will also be developing best practices for coalition building.
- Are there any early warning signs for physician weight management counseling? Family history, growth curve algorithms, parental obesity....measure, classify, talk
- Dr. Dietz does not think that it will take 40 years to correct the childhood obesity problem like the tobacco program did.
- We will need to work on building our Activate Omaha Kids leadership team. Dr. Hassink stressed the importance of team building.
- Talk about how the staff is spending their time?

Topics for follow – up at the Executive Committee meeting:

1. The make up of the Executive Committee – who should be added?
2. A spokesperson for ACTIVATE OMAHA KIDS?
3. Communication strategy?
4. Staff time and direction?
5. Team building?
6. Strategy for building political will?
7. How do we measure success at the executive committee level?